

Pain: Assessment and Problem Recognition			
May relate to F Tag: 272 (Assessment), 309 (Quality of Care)	Yes	No	NA
1. Did the facility document that an assessment for pain was begun within 24 hours of admission or recognition of a condition change?			
2. Did the facility recognize any triggers for pain on the Minimum Data Set (MDS)?			
3. Did the facility consider the significance of risk factors that could reflect pain or the risk for having pain?			
4. Did the facility identify and document characteristics (onset, location, intensity, etc.) of the pain?			
5. In someone who could not verbalize pain symptoms, did the facility attempt to use alternate means to identify possible pain?			
6. Did the facility notify a physician or physician extender of the presence of symptoms that may represent pain?			
Pain: Diagnosis and Cause Identification			
May relate to F Tag: 272(Assessment), 385 (Physician services), 386 (Physician review of total plan of care)			
7. Did the facility try to identify or clarify specific causes of pain?			
8. Did the physician or physician extender participate in identifying specific causes of pain, to the extent that a likely medical cause or no cause was identified?			
9. If the resident was not evaluated for causes of pain, does the facility explain why there was not an evaluation, or why an evaluation would not have changed the management?			
Pain: Care Plan – Treatment and Management			
May relate to F Tag: 279/280 (Comprehensive Care Plans), 309 (Quality of Care), 386 (Physician review of total plan of care)			
10. Is there evidence that interventions to manage pain were initiated at the time of recognition?			
11. Did the facility identify a goal for pain management in someone with pain?			
12. Does the care plan contain cause-specific or symptomatic interventions, where appropriate, targeted to an individual's conditions, risks, ability to cooperate, etc?			
13. Did the physician or physician extender help identify or authorize symptomatic or cause-specific interventions, as indicated?			
14. Did the facility consistently implement a care plan that included appropriate symptomatic and cause-specific interventions?			
15. Did the facility document a reason for not implementing or continuing potentially appropriate interventions?			

Pain: Monitoring			
May relate to F Tag: 272 (Assessment), 309 (Quality of Care), F329 (Unnecessary drugs)			
16. If pain did not respond adequately to selected interventions, did the facility consider alternatives?			
17. Did the facility periodically reassess the status of the resident's pain?			
18. Did the facility monitor periodically for significant effects, side effects, and complications of pain medications?			
19. Did the facility address significant adverse drug reactions related to pain medications or document why it was not feasible or relevant to do so?			

Signature of Person(s) completing form:

Signature

Date

Signature

Date

End of Life Care: Assessment and Problem Recognition			
May relate to F Tag: 272 (Assessment), 309 (Quality Of Care)	Yes	No	NA
1. Did the facility identify the impact or implications of an acute illness or current condition for the resident's long-term prognosis (outlook)?			
2. Did the facility identify and collect documents and other information related to advance care planning (advance directives, other written instructions, etc.) that were relevant to carrying out the resident's wishes related to end-of-life care?			
3. Did the facility determine and document an individual's decision-making capacity appropriately?			
4. Did the facility hold and document conversations or meetings with the appropriate decision-maker regarding end-of-life issues?			
5. Did the facility identify factors influencing the individual's decision-making capacity?			
6. Did the facility inform the resident of the right to make decisions on his/her care <u>or</u> inform an appropriate substitute decision-maker of the right to make decisions on behalf of an incapacitated individual?			
End of Life Care: Treatment and Problem Management			
May relate to F Tag: 279/280 (Comprehensive Care Plans), 309 (Quality Of Care)			
7. Does the facility have and consistently apply policies supporting the offering of alternative approaches for end-of-life care or notify residents and families of significant limitations to their choices?			
8. Did the facility present relevant treatment or management options to a resident or substitute decision-maker?			
9. Did the facility's plan of care incorporate a resident's wishes regarding the extent and aggressiveness of interventions or treatments?			
10. Did the facility identify the specific elements to be given or withheld as part of a palliative care or "comfort care" plan?			
11. Did the facility implement a palliative care plan consistently including relevant orders?			
End of Life Care: Monitoring			
May relate to F Tag: 279/280 (Comprehensive Plans) , 309 (Quality Of Care)			
12. Did the facility review the plan related to end-of-life care with the resident or substitute decision-maker when a significant condition change occurred?			
13. Did the facility modify the resident's care plan to reflect changes in decisions by the resident or a substitute decision maker?			

Signature of Person(s) completing form:

Signature

Date

Signature

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